

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

Registration District No. 782

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6028

State File No. 8032

Registrar's No. 11

1. PLACE OF DEATH:

- (a) County Ste Genevieve
(b) City or town Rural Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community

years, months or days) 27

3. (a) PRINT FULL NAME MARY HOLST

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex female

5. Color or
race white

6. (a) Single, widowed, married,
divorced unmarried

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased April 7 1865
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

74

10

7

hr.

min.

9. Birthplace Ste Genevieve Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Joseph Ambrose

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Eichelbach
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hattie Brown

- (b) Address Danby Mo

17. (a) Burial (b) Date thereof Feb 16 40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Longwood Cemetery

18. (a) Signature of funeral director Geo C. Basher

- (b) Address Ste Genevieve Mo

19. (a) Feb 15/40 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ste Genevieve

- (c) City or town Rural Jackson Township
(If outside city or town limits, write "RURAL.")

- (d) Street No. 0

(If rural, give location)

- (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th
year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 13
_____, 1939, to Feb. 14, 1940

that I last saw him alive on Feb 14, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hypoxia

Duration

Jan 3

1940

Due to 820

Due to

Other conditions Hepatic Sclerosis
(Include pregnancy within 3 months of death)

1930

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Arthur E. Sawyer (M. D. or other) MD

Address Ste Genevieve Date signed 2-15-40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Geo. C. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. C. Basler.....

Licensed Embalmer No. 1985.....

P. O. Address St. Lawrence Ave.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.